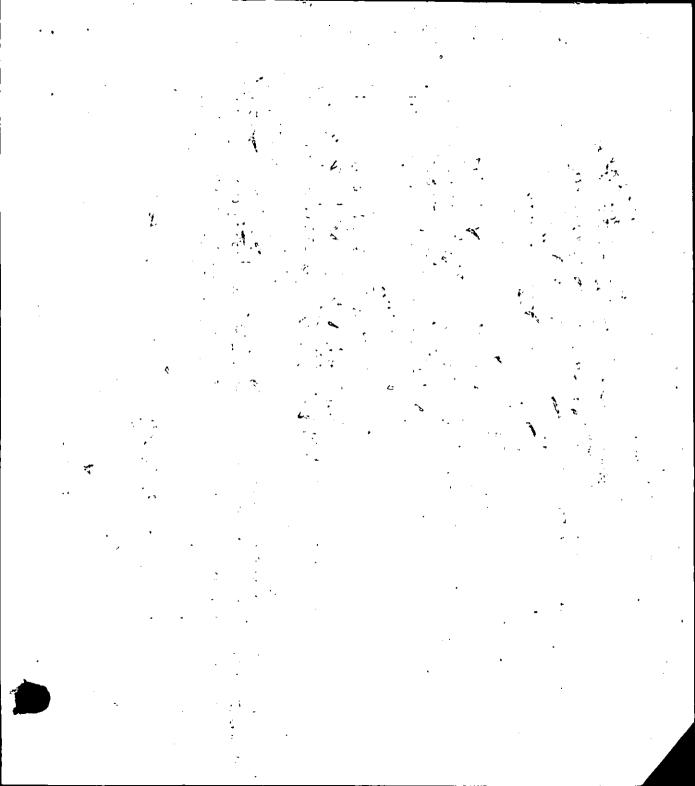
MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS SICIANS should state ION is very important CERTIFICATE OF DEATH Registration District No... Primary Registration District No. Registered No... CTLY. PHYS (a) Residence No. (Usual place of abode) (If nonresident, give city or town and State) mos. How long in U. S., if of foreign birth? Length of residence in city or town where death occurred YTS. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE, MARRIEU, WILDOWED, OR 3. SEX 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVOSCED (write the word) That I attended deceased from state SA, IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF to have occurred on the date stated above, at, 6. DATE OF BIRTH (MONTH, DAY, AND YEAR The principal cause of death and related causes of importance were as follows: If LESS than 1 DAYSO 7. AGE YEARS MONTHS Date of onset day,hrs. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc...... Ġ. 9. Industry or business in which work was done, as silk milt, saw mill, bank, etc..... 11. Total time (years) 10. Date deceased last worked at spent in this this occupation (month Other contributory causes of importance: occupation.... year). A The 12. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) should What test confirmed diagnosis?...... Was there an autopsy?.... 14. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?...... Date of injury......, 19...... Where did injury occur?.... 16. BIRTHPLACE (CITY OR TOW) (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. .—Every item of SE OF DEATH 17. INFORMANT Manner of injury..... (ADDRESS) Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased? If so, specify.... 19. UNDERTAKER (ADDRESS) (Signed)



DEPARTMENT OF COMMERC	,			#2
BUREAU OF THE CENSUS		,	4	0

E. T. McGaugh, M. D., Special Agent.

WASHINGTON

22810

Jefferson City. Mo.

Dear Sir:

4/0

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

	Name: A series of the series o	
	Who died at	on June 23 - 193
	Residence: NoSt	i
		(If nonresident, city or town)
	Length of residence in city or	
	town where death occurred: Years	Months Days
	Sex M. Color or race W Single, m	married, widowed or divorced:
	· · · · · · · · · · · · · · · · · · ·	
	Date of birthAge: Y	ears 42 Months 5 Days 15
	Occupation: (a) Trade, profession, or ((b) Industry or business in which
	particular kind of work done, as spinner,	work was done, as silk mill,
	sawyer, bookkeeper, etc.	
	bangoo, accessing party of the	
	To a Cual time	0 10
	Date deceased last worked at this occupation:	Month Year 1
į	/Birthplace (State or country)	
/	Birthplace (State or country) Birthplace of father (State or_country)	
,	Birthplace of mother (State or country)	
	Principal cause of death:	
	Other contributory causes of importance P Name of operation Date of	-21
	Other contributory causes of importance (Pa	elmonary 6 dema
ì	Name of operationDate of	
	What test confirmed diagnosis?	Was there an autopsy?
	If death was due to external causes (violence	e) fill in also the following:
	Accident, suicide, or homicide?	Date of injury, 19
	Where did injury occur?	
		ity or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury Was disease or injury in any way related to occupation of deceased?_ If so, specify_ Name of physician 4 Address of physician_

Date filed une 2 Signature of Registrar/W. In Tittle Date filed Line 2 3 official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No.

Very truly yours,

Primary Reg. Dist. No. 4479